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CONFIRMATION NO. 4096

<b>SERIAL NUMBER</b> 10/782,197	<b>FILING OR 371(c) DATE</b> 02/19/2004 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2629	<b>ATTORNEY DOCKET NO.</b> 12451/3
<b>APPLICANTS</b> Jao-Ching Lin, Hsin-Chuang City, TAIWAN; Shyh-In Hwang, Hsin-Chuang City, TAIWAN; Lin Chu, Hsin-Chuang City, TAIWAN; Chung-Yi Shen, Hsin-Chuang City, TAIWAN;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> CHINA 200310121522.9 12/19/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/13/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> TAIWAN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature: _____ Initials: _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> BRINKS HOFER GILSON & LIONE NBC Tower, Suite 3600 455 N. Cityfront Plaza Drive Chicago, IL60611-5599				
<b>TITLE</b> Touch pad module including separate touch pad and control circuit units				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	